

TRANSMITTAL FORM

Application Serial Number	10/674,803
Filing Date	September 29, 2003
First Named Inventor	Robert Zelle
Group Art Unit	1624
Examiner Name	Not yet assigned
Attorney Docket No.	WYE-093
Patent No.	Not applicable
Issue Date	Not applicable


ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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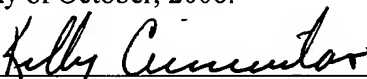
PATENT
Attorney Docket No. WYE-093

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Zelle et al. CONFIRMATION NO.: 3684
SERIAL NO.: 10/674,803 GROUP NO.: 1624
FILING DATE: September 29, 2003 EXAMINER: Not yet assigned
TITLE: Human N-Type Calcium Channel Blockers

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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Kelly Ciarmataro

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 pg.);
2. Information Disclosure Statement (2 pgs.);
3. Form PTO 1449 (1 pg.);
4. Revocation of Prior Powers and New Power of Attorney (1 pg.); and
5. Return Receipt Postcard.